



For office use only:

Year: _____

License No.: _____

APPLICATION FOR SPECIALTY CONTRACTOR LICENSE NEW APPLICATION

License Type Please Check One

CONCRETE - \$180.00 ☐ DEMOLITION - \$180.00 ☐ FIRE ALARM & COMMUNICATION - \$180.00 ☐
FIRE SPRINKLER - \$180.00 ☐ FRAMERS/ERECTORS - \$180.00 ☐ MASONRY - \$180.00 ☐
ROOFING - \$180.00 ☐ ROW CONCRETE - \$180.00 ☐ SIGN - \$180.00 ☐ SWIMMING POOL - \$180.00 ☐

PLEASE TYPE OR PRINT ALL INFORMATION

COMPANY INFORMATION

COMPANY NAME _____

COMPANY ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

COMPANY PHONE _____ FAX NUMBER _____ CELL PHONE _____

PROVIDE ONE: FIN = Federal Identification Number EIN = Employer Identification Number SSN = Social Security Number

OWNERS NAME _____ OWNERS PHONE _____

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY (LIABILITY) _____ AGENT'S NAME _____ AGENT'S PHONE NUMBER _____

AGENT'S ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

In Accordance with Salina Code Sec. 8-195 a minimum of \$500,000 of public liability insurance is required and workers compensation maybe required by the State of Kansas.

QUALIFYING INDIVIDUAL

PLEASE PRINT NAME: _____ SIGNATURE _____ DATE _____

- *An individual may not be the qualified individual for more than one licensee; however, this individual may be the qualified individual for multiple building contractor licenses for the same licensee.*
- *If the originally designated qualified individual for a provisional building contractor licensee becomes no longer associated with the licensee for any reason (the "date of disassociation") the provisional building contractor license shall terminate and be of no further force or effect. The licensee shall immediately notify the city clerk in writing of the date of disassociation. The licensee shall not be allowed to substitute any other person as the designated qualified individual unless that individual is qualified in accordance with Section 8-175.1. No further permits or inspections shall be granted to the licensee from the date of disassociation until the licensee has designated a qualified individual in accordance with Section 8-173. If the licensee has not designated a qualified individual in accordance with Section 8-173 within thirty days after the date of disassociation, work on all permits previously issued to the licensee shall be suspended until the licensee has designated a qualified individual in accordance with Section 8-173.*

QUALIFICATIONS (CHECK ONE) ☐ Test ☐ Degree

Please complete the appropriate section with your qualification information.

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TEST INFORMATION

Date Exam Passed: _____

PLEASE ATTACH COPY OF TEST CERTIFICATE

Did you pass with a minimum of 75%? ☐ Yes ☐ No

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DEGREE INFORMATION

Name of Accredited College or University _____

Date degree received: _____

PLEASE ATTACH COPY OF DEGREE CERTIFICATE

Which Bachelor's Degree did you receive? Please check one:

☐ Engineering ☐ Architecture ☐ Construction Science/Management

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I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. If any of the information provided on this application is found to be false or incorrect, this license may be suspended or revoked.

PRINT NAME

SIGNATURE

DATE

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For Office Use Only

Date Application Approved: _____

Application Approved/Denied by _____

Date Application Denied: _____

Good through 12/31/ _____

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Amount Paid \$ <u>180.00</u> Receipt No. _____ Date: _____ Received By: _____

9/25/2007